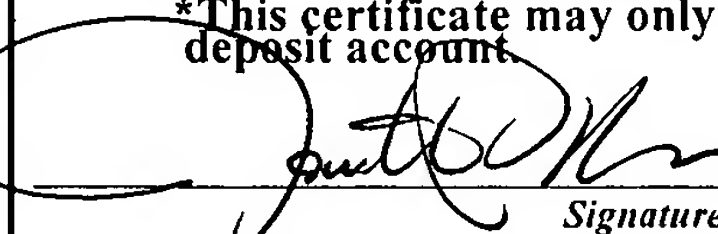


<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b> (Under 37 CFR 1.97(b) or 1.97(c))			Docket No. 04995/105001	
In Re Application Of:    Toshiaki IRIE				
Serial No. 10/616,071	Filing Date July 9, 2003	Examiner		Group Art Unit 2673
Title: <b>MULTIPLE CONTROL SYSTEM</b>				
<p style="text-align: center;">Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p style="text-align: center;"><b>37 CFR 1.97(b)</b></p> <p>1.    <input checked="" type="checkbox"/>    The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.</p> <p style="text-align: center;"><b>37 CFR 1.97(c)</b></p> <p>2.    <input type="checkbox"/>    The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:</p> <p style="padding-left: 40px;"><input type="checkbox"/>    the statement specified in 37 CFR 1.97(e);</p> <p style="text-align: center;"><b>OR</b></p> <p style="padding-left: 40px;"><input type="checkbox"/>    the fee set forth in 37 CFR 1.17(p).</p> <p style="text-align: right; padding-right: 50px;"><b>22511</b> PATENT TRADEMARK OFFICE</p>				

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MULTIPLE CONTROL SYSTEM								
<p align="center"><b>Payment of Fee</b> (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))</p> <p><input type="checkbox"/> A check in the amount of _____ is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-0591 as described below.</p> <p><input type="checkbox"/> Charge the amount of _____</p> <p><input type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required.</p> <table border="0"><tr><td><b>Certificate of Transmission by Facsimile*</b></td><td><b>Certificate of Mailing by First Class Mail</b></td></tr><tr><td><div><p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F:</p><p>_____ (Date)</p><p>_____ Signature</p><p>_____ Typed or Printed Name of Person Signing Certificate</p></div></td><td><div><p>I certify that this document and fee is being deposited on 2/3/2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p>_____ Signature of Person Mailing Correspondence Peggy Louie</p><p>_____ Typed or Printed Name of Person Mailing Certificate</p></div></td></tr></table> <p>*This certificate may only be used if paying by deposit account.</p> <div><p> Signature</p><p>Jonathan P. Osha, Reg. No. 33,986 ROSENTHAL &amp; OSHA L.L.P. 1221 McKinney Street, Suite 2800 Houston, TX 77010</p><p>Tel: 713-228-8600 Fax: 713-228-8778</p><p>CC:</p></div> <p align="right">Dated: 2/3/04</p>					<b>Certificate of Transmission by Facsimile*</b>	<b>Certificate of Mailing by First Class Mail</b>	<div><p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F:</p><p>_____ (Date)</p><p>_____ Signature</p><p>_____ Typed or Printed Name of Person Signing Certificate</p></div>	<div><p>I certify that this document and fee is being deposited on 2/3/2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p>_____ Signature of Person Mailing Correspondence Peggy Louie</p><p>_____ Typed or Printed Name of Person Mailing Certificate</p></div>
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# INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

Docket Number (Optional)

04995/105001

Application Number

10/616,071

Applicant(s)

Toshiaki IRIE

Filing Date

July 9, 2003

Group Art Unit

2673

## U.S. PATENT DOCUMENTS

EXAMINER INITIAL	REF	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
AT		4,647,973	03/03/1987	Deiss	358	181	10/30/1985
A2		5,561,478	10/01/1996	Machado	348	706	01/16/1996

## FOREIGN PATENT DOCUMENTS

REF	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	Translation	
						YES	NO

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)

A3	European Search Report Ref. EP27853-035/Peu dated 12/30/2003 (3 pages)

EXAMINER

DATE CONSIDERED

EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP Section 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.